

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM**

PERIOD: JULY 1, 2003 - JUNE 30, 2004

**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:09

THOMAS J PASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Health and Human Services Agency

Division/Unit: North Coastal Family Resource Center

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

|         |   |       |   |   |         |   |        |
|---------|---|-------|---|---|---------|---|--------|
| No. Vol | 0 | Hours | 0 | X | \$17.15 | = | \$0.00 |
|---------|---|-------|---|---|---------|---|--------|

Types of work performed by GENERAL VOLUNTEERS in this category:

---



---



---

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

|         |    |       |     |   |         |   |             |
|---------|----|-------|-----|---|---------|---|-------------|
| No. Vol | 87 | Hours | 756 | X | \$17.15 | = | \$12,995.64 |
|---------|----|-------|-----|---|---------|---|-------------|

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Putting together of packets, cleaning interview rooms, mail distribution, photo copying of non-confidential information and moving furniture.

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

| Position | Hours | X | VCL | = | Dollar Benefit |
|----------|-------|---|-----|---|----------------|
|          |       |   |     |   | \$0.00         |
|          |       |   |     |   | \$0.00         |

|         |   |             |   |             |        |
|---------|---|-------------|---|-------------|--------|
| No. Vol | 0 | Total Hours | 0 | Total Value | \$0.00 |
|---------|---|-------------|---|-------------|--------|

0000092

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

| <u>No. of Volunteers</u> | <u>Hours</u> | <u>Dollar Benefit</u> |
|--------------------------|--------------|-----------------------|
| <u>0</u>                 | <u>0</u>     | <u>\$0</u>            |
| <u>87</u>                | <u>756</u>   | <u>\$12,996</u>       |
| <u>0</u>                 | <u>0</u>     | <u>\$0</u>            |

|               |           |                    |            |                    |                    |
|---------------|-----------|--------------------|------------|--------------------|--------------------|
| <b>TOTALS</b> | <b>87</b> | <b>Total Hours</b> | <b>756</b> | <b>Total Value</b> | <b>\$12,996.00</b> |
|---------------|-----------|--------------------|------------|--------------------|--------------------|

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

**TOTAL VALUE = \$0.00**

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours X Rate

**\$0.00**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate

**\$0.00**

0000093

## c. Other program costs (training materials/supplies, recognition costs, etc.):

|              |             |
|--------------|-------------|
| Item : _____ | Cost: _____ |
| Item : _____ | Cost: _____ |
| Item : _____ | Cost: _____ |

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$0.00

## 5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

|  |             |
|--|-------------|
| a. Total Dollar Benefits of Volunteers, Item 2d    | \$12,995.64 |
| b. Total of Donations to Volunteer Program, Item 3 | \$0.00      |
| c. Subtract Total of program Costs, Item 4d        | \$0.00      |

TOTAL PROGRAM BENEFIT:

\$12,995.64

000000  
b6

**6. RECRUITING:**

Please describe your recruiting programs:

---

---

---

---

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

---

---

---

---

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

---

---

---

---

**9. GENERAL INFORMATION:**

Name of person completing report:

Randy Jo Harris

Phone:

(760) 754-5712Mail Stop: N106

E-Mail:

andy.Harris1@sdcounty.ca.gov

Volunteer Coordinator:

Gloria Ashworth

Phone:

(760) 754-5721Mail Stop: N106

E-Mail:

oria.Ashworth@sdcounty.ca.gov**10. DEPARTMENT CERTIFICATION:**  
DEPARTMENT HEAD SIGNATURE07/12/04  
DATE

0000095